

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
AUTHORIZED LEAVE OF ABSENCE WITHOUT PAY (L-1)**

<b>Employee's Name (Last, First, M.I.) &amp; Address</b>	<b>Social Security #</b>
	<b>Dates of authorized leave of absence without pay</b>  <b>From:</b> _____ <b>To:</b> _____

<b>Monthly Employee Contributions</b>	
Medical, Drug, Chiropractic	\$ _____
Dental	_____
Vision	_____
Total	\$ _____
Effective until 6/30/____*	

NOTE: Please look at your pay statement each pay period to check whether premiums were deducted. For questions regarding your account balance, contact EUTF at 586-7390 or toll free at 1-800-295-0089.

\* Rates and contributions change effective 7/1.

As long as you are on an authorized leave of absence without pay and you pay your portion of your premiums, your employer will continue to pay their share of contributions for health benefits and pay in full your life insurance plan premiums.

You have two options to choose from:

- (1) Voluntarily cancel your health benefit plan enrollments at the end of the most current pay period after your personnel officer receives the appropriate forms from you.
  - a. You will need to complete EC-1 and PCP-2 (if applicable) forms to cancel your plans.
  - b. You may re-enroll in the same benefit plans upon return to work. You may not make any changes.
- (2) Continue your enrollments during your leave by paying the following premiums:  
1<sup>st</sup> payment:

\$ \_\_\_\_\_ on or before \_\_\_\_\_ 1, 200\_\_\_\_ and,

Subsequent payments:

\$ \_\_\_\_\_ on or before the 1<sup>st</sup> of each succeeding month until you return to active pay status. You may send multiple monthly payments in advance of your payment due dates. Make checks payable to "EUTF" and be sure to indicate your SS# and applicable month(s) on your check. Send your payments to:

EUTF  
P.O. Box 2121  
Honolulu, Hawaii 96805-2121

NOTE: Failure to pay your premiums may result in administrative cancellation of health plans and you will be ineligible for COBRA. If your enrollments are cancelled by the EUTF during your leave due to non-payment of premiums, you may re-enroll:

1. Only during the next open enrollment period, and
2. You must pay all past due premiums.

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For DPO USE: Fax the completed form to EUTF at 808-586-2161.

Employer \_\_\_\_\_ Agency/Department \_\_\_\_\_

DPO Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

